

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014956

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

332

STATE FILE NUMBER

FILED MAY 13 1963

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		c. CITY OR TOWN <u>Foristell</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>University of Missouri Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>Box 135</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Junior</u> Last <u>Reeds</u>		4. DATE OF DEATH Month <u>5</u> Day <u>8</u> Year <u>63</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-7-19</u> 44
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Accounting</u>	
11. BIRTHPLACE (City and state or country) <u>Jonesburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Edward Reeds</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Mildred Reeds</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMATION <u>HOSPITAL RECORD University of Mo. Columbia, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pancreatitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Renal Failure</u> DUE TO (c) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Columbia, Mo.</u>	
21. I attended the deceased from <u>5/1/63</u> to <u>5/8/63</u> and last saw her alive on <u>5/8/63</u> Death occurred at <u>5:35 P</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>5/9/63</u>	
22a. SIGNATURE (Degree or title) <u>Richard R. [REDACTED] MD</u>		22b. ADDRESS <u>Columbia, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-9-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PRICE'S BRANCH</u>	23d. LOCATION (City, town, or county) <u>MONTGOMERY Co., MISSOURI</u>
24. FUNERAL DIRECTOR <u>NIEBURG FUNERAL HOME, WARRENTON, MO</u>		25. DATE RECD. BY LOCAL REG. <u>May 9 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF:

MAY 14 1963
MAY 22 1963

JUN 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address

Columbus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.